

## **Table of Contents**

**State/Territory Name: Massachusetts**

**State Plan Amendment (SPA) #: 16-0001**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
JFK Federal Building, Government Center  
Room 2275  
Boston, Massachusetts 02203



**Division of Medicaid and Children's Health Operations / Boston Regional Office**

June 6, 2016

Marylou Sudders, Secretary  
Executive Office of Health and Human Services  
One Ashburton Place, Room 1109  
Boston, Massachusetts 02108

Dear Secretary Sudders:

We are pleased to enclose a copy of approved Massachusetts State Plan Amendment (SPA) No. 16-001 submitted to CMS on March 31, 2016. This SPA was submitted to revise your approved Title XIX State plan to update the effective dates for the fee-for-service rates for the Children's Behavioral Health Initiative (CBHI). This SPA was approved on June 1, 2016, effective January 1, 2016.

Enclosed are copies of the following State plan pages.

- Attachment 4.19-B, pages 2A-2, 2C and 2D.

If you have any questions regarding this matter you may contact Julie McCarthy at (617) 565-1244 or by e-mail at [Julie.McCarthy@cms.hhs.gov](mailto:Julie.McCarthy@cms.hhs.gov).

Sincerely,

/s/

Richard R. McGreal  
Associate Regional Administrator

Enclosure/s

cc: Daniel Tsai, Assistant Secretary for MassHealth, Medicaid Director  
Daniel Cohen, State Plan Coordinator

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER:  <div style="text-align: center;"><b>016-001</b></div>	2. STATE  <div style="text-align: center;"><b>MA</b></div>
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
		4. PROPOSED EFFECTIVE DATE  <div style="text-align: center;"><b>January 1, 2016</b></div>	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):  <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> NEW STATE PLAN</span> <span><input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN</span> <span><input checked="" type="checkbox"/> AMENDMENT</span> </div> <div style="text-align: center; font-size: small;">             COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)           </div>			
6. FEDERAL STATUTE/REGULATION CITATION:  <b>42 USC §§ 1396a(a)(10), 1396a(a)(13), 1396a(a)(43), 1396d(r); 42 CFR §§ 440.130, 441 subpart B</b>		7. FEDERAL BUDGET IMPACT:  <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>a. FFY16    \$31,138    \$ 23,888</b>  <b>b. FFY17    \$31,850</b> </div> </div>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <div style="text-align: center;"><b>Attachment 4.19-B pp2e-2d pp 2A-2, 2C and 2D</b></div>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  <div style="text-align: center;"><b>Attachment 4.19-B pp2e-2d pp 2A-2, 2C and 2D</b></div>	
10. SUBJECT OF AMENDMENT:  <div style="text-align: center;"><b>Early and Periodic Screening, Diagnostic and Treatment Services</b></div>			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ): <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT  <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL           </div> <div style="width: 35%;"> <input checked="" type="checkbox"/> OTHER, AS SPECIFIED:  <b>Not required under 42 CFR 430.12(b)(2)(i)</b> </div> </div>			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <div style="text-align: center;"><i>/s/</i></div>		16. RETURN TO:  <b>Daniel Cohen Interim State Plan Coordinator Executive Office of Health and Human Services Office of Medicaid One Ashburton Place, 11<sup>th</sup> Floor Boston, MA 02108</b>	
13. TYPED NAME: <b>Marylou Sudders</b>			
14. TITLE: <b>Secretary</b>			
15. DATE SUBMITTED: <b>March 11, 2015</b>			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: <b>03/31/2016</b>		18. DATE APPROVED: <b>06/01/2016</b>	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>01/01/2016</b>		20. SIGNATURE OF REGIONAL OFFICIAL: <div style="text-align: center;"><i>/s/</i></div>	
21. TYPED NAME: <b>Richard R. McGreal</b>		22. TITLE: <b>Associate Regional Administrator, Division of Medicaid &amp; Children's Health Operations, Boston, MA</b>	
23. REMARKS: <b>04/29/16 MA and CMS agreed by email to pen&amp;ink changes to 179.</b>			



# OFFICIAL

Attachment 4.19-B  
Page 2A-2

## State Plan under Title XIX of the Social Security Act State: Massachusetts

### Methods and Standards for Establishing Payment Rates – Other Types of Care

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- XI. Case Management for individuals under age 21 with a serious emotional disturbance – This service is reimbursed using 15-minute unit rates with separate fee schedules based on practitioner qualifications. The rate methodology is based on a model budget that assumes program costs (direct and indirect) and maximum productivity time specific for the provision of each service. The data sources for program costs include cost reports for providers of similar behavioral health services and budget data from other purchasers of similar services. The model budget assumes a maximum productivity time for each service based on an estimated time available for the direct contacts by eligible direct care staff.

The current fixed fee-for-service rates are effective for service provided on or after January 1, 2016 through December 31, 2016. Rates will increase effective January 1, 2017 by 1.109% for services provided on or after January 1, 2017. All rates are published on <http://www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#101cmr352>.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

**OFFICIAL**  
State Plan Under Title XIX of the Social Security Act  
State: Massachusetts

Attachment 4.19-B  
Page 2C

**Methods and Standards for Establishing Payment Rates -- Other Types of Care**

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- t. Early and Periodic Screening, Diagnostic and Treatment services for individuals under 21 years of age, and treatment of conditions found.

The rate methodology used to create the following fee schedules for are based on a model budget that accounts for program costs (direct and indirect) and maximum productive time specific for the provision of each service. The data sources for program costs include cost reports from providers of similar behavioral health services and budget data from other purchasers of similar services. Maximum productive time for each service was derived by assessing the time available for direct billable contacts by eligible direct care staff.

Mobile Crisis Intervention – The fee-for-service rates are effective for service provided on or after January 1, 2016. All rates are published on <http://www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#101cmr352>. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

Behavioral Management Therapy – The fee-for-service rates are effective for service provided on or after January 1, 2016. All rates are published on <http://www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#101cmr352>. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

Behavioral Management Monitoring - The fee-for-service rates are effective for service provided on or after January 1, 2016. All rates are published on <http://www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#101cmr352>. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

In-Home Therapy –The fee-for-service rates are effective for service provided on or after January 1, 2016. All rates are published on <http://www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#101cmr352>. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

Therapeutic training and support –The fee-for-service rates are effective for service provided on or after January 1, 2016. All rates are published on <http://www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#101cmr352>. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.



State Plan Under Title XIX of the Social Security Act  
State: Massachusetts

Methods and Standards for Establishing Payment Rates -- Other Types of Care

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Therapeutic Mentoring Services –The fee-for-service rates are effective for service provided on or after January 1, 2016. All rates are published on <http://www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#101cmr352>. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

Family Support and Training Services - The current fee-for-service rates are effective for service provided on or after January 1, 2016 through December 31, 2016. Rates will increase effective January 1, 2017 by 1.109% for services provided on or after January 1, 2017. All rates are published on <http://www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#101cmr352>. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

Applied Behavior Analyst Services - fee schedule established by the Executive Office of Health and Human Services. The fee-for-service rates were set as of October 1, 2015. These fixed rates are effective for services provided on or after October 1, 2015. All rates are published on [www.mass.gov/eohhs/docs/eohhs/eohhs-regs/101-cmr-358.pdf](http://www.mass.gov/eohhs/docs/eohhs/eohhs-regs/101-cmr-358.pdf). Effective October 1, 2016 those rates will be increased by 1.7% and can be found at the same web address as previously listed. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.